

PLANNING & DEVELOPMENT SERVICES DEPARTMENT BUILDING & CODE REGULATIONS DIVISION

2300 Virginia Avenue Fort Pierce, FL 34982 (772) 462-1553

APPLICATION FOR REPLACEMENT OF WINDOWS, SKYLIGHTS, DOORS & OVERHEAD GARAGE DOORS

| 3. DESCRIPTION OF PROJECT OR WORK ACTIVITY: 4. TYPE OF STRUCTURE: SFR | 1. | LOCATION/SITE | ADDRESS | l : | | | | | | |
|--|-------|--|------------|-----------------------------|-----------------------------|-----------------|------------------------------|---------------|-----------------------------|--|
| 4. TYPE OF STRUCTURE: SFR MOBILE HOME OTHER 5. OWNERS INFORMATION | 2. | PARCEL ID NUMI | BER: | | | | | | | |
| S. OWNERS INFORMATION Name: | 3. | DESCRIPTION OF PROJECT OR WORK ACTIVITY: | | | | | | | | |
| Name: | 4. | TYPE OF STRUCTURE: SFR | | | MOBILE HOMEOTHER | | | | | |
| Address: State: Business Name: | 5. | OWNERS INFORMATION | | | 6. CONTRACTOR'S INFORMATION | | | | | |
| Address: State: Business Name: | | Address: | | | | County Cert #: | | | | |
| City: State: Business Name: | | | | | | | | | | |
| Windows, Swing Doors, Skylights, Fixed Glass Opening Design Pressure Product Pressure Product Model # Method of Attachment # Florida Product Approval # | | | | | | | | | | |
| Windows, Swing Doors, Skylights, Fixed Glass 120 mph 130 mph 140 mph 140 mph | | | | | | | | | | |
| Windows & Skylights Exposure B Exposure C Overhead Garage Doors | | | | | | Pressure | Manufacture | Model # | | |
| Exposure B Exposure C Overhead Garage Doors | | | 120 mph | 120 mph 130 mph 140 mph | | | | | | |
| Exposure C Overhead Garage Doors | | • 0 | • | | | | | | | |
| Overhead Garage Doors | | • | | | | | | | | |
| B- Size C- Size 7. VALUE OF CONSTRUCTION: \$ FEES DUE: RECEIPT: OWNER'S AFFIDAVIT: I certify that all of the information contained in this application is correct and that all work will be done in compliance with all applicable laws regulating construction and zoning. PRINT QUALIFIERS/OWNERS NAME SIGNATURE OF QUALIFIER/OWNER STATE OF FLORIDA, COUNTY OF CKNOWLEDGED BEFORE ME THIS DAY OF, 20, BY WHO IS PERSONALLY KNOWN TO ME OR WHO | | | < 202 I | P.C. To | blo 1600 6 (| (1) + 1600 6 (2 | | | | |
| 7. VALUE OF CONSTRUCTION: \$ FEES DUE: RECEIPT: OWNER'S AFFIDAVIT: I certify that all of the information contained in this application is correct and that all work will be done in compliance with all applicable laws regulating construction and zoning. PRINT QUALIFIERS/OWNERS NAME SIGNATURE OF QUALIFIER/OWNER STATE OF FLORIDA, COUNTY OF ACKNOWLEDGED BEFORE ME THIS DAY OF, 20, BY WHO IS PERSONALLY KNOWN TO ME OR WHO | | | × 30 - 1 | .ь.с. та | Die 1009.0 (| 1) + 1009.0 (2 | | | | |
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| ACKNOWLEDGED BEFORE ME THIS DAY OF, 20, BY WHO IS PERSONALLY KNOWN TO ME OR WHO | | PRINT (| QUALIFIERS | OWNERS | | | | OF QUALIFIER | /OWNER | |
| | ACKNO | WLEDGED BEFORE ME TI | HIS | _ DAY OF | , 20_ | , BY | | WHO IS PE | RSONALLY KNOWN TO ME OR WHO | |
| SIGNATURE OF NOTARY TYPE OR PRINT NAME OF NOTARY | | SIGNATURE OF NOTARY | | | | | TYPE OR PRINT NAME OF NOTARY | | | |
| TITLE: NOTARY PUBLIC COMMISSION NUMBER | | TITLE: NOTARY PUBLIC | | | | | COMMISSION NUMBER | | | |

NOTICE TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING

ST. LUCIE COUNTY Vinyl Siding

TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT

[] Attach 2 copies of the NOA or Florida approval with details to the product being used.

INSTRUCTIONS

Please complete all information in the space provided. All information must be Printed (use black or blue ink only) or Typed.

This application for replacement of Windows, Skylights, Doors & Overhead doors to be used for only those activities that are not otherwise included under a primary building permit. This application for Permit may not be used for any activity that includes any type or kind of structural alteration. Building activities involving structural alteration, in addition to the replacement of Windows, Skylights, Doors & Overhead doors, must be permitted through the regular building permit review process. The information to be provided with this application includes:

| 1. | LOCATION/SITE ADDRESS: | Indicate the street address, or general location, of the property on which the building activity is taking place. |
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| 2. | PARCEL ID NUMBER: | Indicate the Property Tax Identification Number for the property on which the building activity is taking place. |
| 3. | DESCRIPTION OF PROJECT OR WORK ACTIVITY | Briefly describe the building activity under permit application. |
| 4. | OWNERS INFORMATION: | Indicate the name and address of the owner of the property on which the product is to be installed. |
| 5. | CONTRACTORS INFORMATION: | Indicate the State of Florida (if applicable) and St. Lucie County contractors registration numbers, and the name of the business doing the work. |
| 6. | VALUE OF CONSTRUCTION: | Indicate the total value of the work to take place. Total cost of construction includes all material and labor costs associated with the building/construction activity. The value of construction is used to determine the amount of permitting fees to be assessed. St. Lucie County reserves the right to question and/or modify the indicated value of construction if it is demonstrated that the submitted figures are not consistent with similar types of construction. |

All applications for Permits are to be submitted to the St. Lucie County Building and Zoning Department, St. Lucie County Administration Building, 2300 Virginia Avenue, Fort Pierce, FL 34982. All applications for Permits must be complete and filed with the Department no later 4:30 P.M. each business day. **No applications will be accepted for processing after 4:30 P.M.** For assistance in completing this application, please contact the St. Lucie County Building and Zoning Department, at (772) 462-1553, during regular office hours (8:00 AM - 5:00 PM), Monday through Friday.

Following the issuance of this Windows, Skylights, Doors & Overhead doors replacement Permit, the scheduling of all required inspections may be made by calling (772) 462-1261.

SLCCDV FORM NO: 006-05